

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005781

1. Entity Name

CORAL SPRINGS WRESTLING BOOSTER CLUB INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90002 002 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7775 HIGHLANDS CIRCLE  
MARGATE FL 33063

7775 HIGHLANDS CIRCLE  
MARGATE FL 33063-8117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0866057

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, THOMAS W II  
7775 HIGHLANDS CIRCLE  
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, THOMAS W	
STREET ADDRESS	7775 HIGHLANDS CIR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	APPEL, MONA E	
STREET ADDRESS	4777 NW 92ND TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESIANO, BARBARA	
STREET ADDRESS	2500 NW 50TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINGLETON, LARRY	
STREET ADDRESS	3320 DRIVE N APT 1717	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM PENDERGAST	
STREET ADDRESS	8002 N.W. 37TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33065	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE MARTELO	
STREET ADDRESS	3290 W. BUENAVISTA DRIVE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (954) 480-4288

CR2E037 (9/99)